

GUIDE TO BUS ROUTE PERMITS

Pursuant to MGL c159A, a permit must be obtained before operating a bus route through Somerville. Permits are valid until December 31 of the second year following the date of the permit. The fee is \$200.00.

To complete the application:

1. Fill in the Application for a Bus Route Permit. Fill in and sign the REAP Attestation. Fill in and sign the top half of the Certificate of Good Standing. Fill in and sign the State Dept. of Industrial Accidents Workers' Compensation Insurance Affidavit – General Business.
2. Attach the following:
 - proof of access to the garaging location (if not owned by the applicant)
 - a roster of vehicles to be used
 - a certificate of insurance, showing coverage on the vehicles. Coverage shall include at a minimum \$500,000 combined single limit against liability for injuries or death, shall name the city as a certificate holder, and shall require ten days notice of termination to the city.
 - a map showing the route
 - a schedule of operation
3. For new applicants OR applicants changing the route, vehicles, or schedule, contact the following three departments to arrange a sign-off:
 - Traffic and Parking Department
133 Holland Street
617 625-6600 x7900
 - Department of Public Works
1 Franey Road
617 625-6600 x5100
 - Office of Strategic Planning and Community Development
93 Highland Avenue (City Hall)
617 625-6600 x2500
4. Proceed to the Treasury to confirm that all taxes and fees have been paid and obtain a sign-off on the Certificate of Good Standing.
 - Treasury
93 Highland Avenue (City Hall)
617 625-6600 x3500
5. Submit the application and the fee to the City Clerk's Office, 93 Highland Avenue, 617 625-6600 x4100. The City Clerk will forward it to the Board of Aldermen for consideration. The Board usually meets on the 2nd and 4th Thursday of the month. Following Board approval, the Mayor has up to ten days to sign off on the application, before the license can be issued.

APPLICATION FOR A BUS ROUTE PERMIT

Application Fee \$200.00

Date _____

FOR CITY CLERK'S OFFICE ONLY

Date Recorded _____

Amount Paid

 New Application

Renewing Application with Additions or Changes

Renewing Application with NO Additions or Changes

Business Name: _____ Phone: _____

Business DBA Name (if applicable): _____

Address with Zip Code: _____

Mailing Name (where we should send correspondence to): _____

Address with Zip Code: _____

Emergency Contact 1: _____ Phone: _____

Emergency Contact 2: _____ Phone: _____

Type of Business (Check one): Individual Sole Proprietorship

Corporation Association Partnership

IF AN INDIVIDUAL OR SOLE PROPRIETORSHIP:

Owner's Name: _____

Address with Zip Code:

IF A CORPORATION OR ASSOCIATION:

President's Name: _____

Address with Zip Code:

Secretary's Name: _____

Address with Zip Code: _____

Treasurer's Name: _____

Address with Zip Code: _____

IF A PARTNERSHIP (Attach additional sheets as necessary):

Partner 1's Name: _____

Address with Zip Code: _____

Partner 2's Name: _____

Address with Zip Code: _____

Maximum number of vehicles to be operated in Somerville at any one time _____

Garaging location of vehicles (attach proof of access, if the location is not owned by the applicant) _____

Description of vehicles (attach a roster showing make, model, year of manufacture, mileage, capacity, and handicapped accessibility) _____

Description of the services to be offered and customers to be served _____

Description of the route (attach a map showing the route) _____

Description of the hours of operation (attach a printed schedule) _____

Attach a certificate of insurance, showing coverage on the vehicles. Coverage shall include at a minimum \$500,000 combined single limit against liability for injuries or death, and shall name the city as a certificate holder and require ten days notice of termination to the city.

ACKNOWLEDGEMENT

I hereby state that all information provided on this application is true and accurate, and I understand that any information that is found to be false or misleading may result in the forfeiture of this license. This license will be subject to all of the terms, conditions, and limitations set forth in the Somerville Code of Ordinances, any applicable State and Federal laws, and any conditions prescribed by the City of Somerville.

Signature of Applicant:_____Date:_____

Print Name:_____Phone:_____

FOR NEW APPLICANTS OR APPLICANTS CHANGING THE ROUTE, VEHICLES, OR SCHEDULE:**TRAFFIC AND PARKING DEPARTMENT RECOMMENDATION:**

The Traffic and Parking Department recommends that the application be:

____Approved ____Denied

Signature_____Date_____

Print name_____Title_____

DEPARTMENT OF PUBLIC WORKS RECOMMENDATION:

The Department of Public Works recommends that the application be:

____Approved ____Denied

Signature_____Date_____

Print name_____Title_____

**OFFICE OF STRATEGIC PLANNING AND COMMUNITY DEVELOPMENT
RECOMMENDATION:**

The Office of Strategic Planning and Community Development recommends that the application be:

____Approved ____Denied

Signature_____Date_____

Print name_____Title_____

MASSACHUSETTS DEPARTMENT OF REVENUE

REVENUE ENFORCEMENT AND PROTECTION (REAP) ATTESTATION

I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all State tax returns and paid all State taxes required under law.

* Signature of Individual or Corporate Name (Mandatory)

By: Corporate Officer (Mandatory, if a corporation)

** Social Security Number (Voluntary) or Federal Identification Number (Mandatory, if a corporation)

* This license will not be issued unless this certification clause is signed by the applicant.

** Your Social Security Number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Licensees who fail to correct their non-filing or delinquency will be subject to license suspension or revocation. This request is made under the authority of Mass. G.L. c. 62C s. 49A.



City of Somerville, Massachusetts
Finance Department, Treasury Division

WARNING: TREASURY NEEDS FIVE BUSINESS DAYS TO PROCESS THIS FORM.

CERTIFICATE OF GOOD STANDING

1. Exact name of taxpayer/applicant's business: _____
2. Address of taxpayer/applicant's business in Somerville: _____
3. Address of taxpayer/applicant's home in Somerville: _____
4. Taxpayer/applicant's phone: day: _____ evening: _____

I, _____, the undersigned Taxpayer, do hereby certify that all the information contained herein is true and correct and all taxes and fees due the City have been paid or that the Taxpayer has entered into an agreement to pay all taxes and fees and is current on said agreement.

SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY, this _____ day of _____, 20____. _____
(Taxpayer's signature)

CITY'S ACKNOWLEDGEMENT

DATE OF ISSUANCE: _____ **INCLUDES RELEVANT POSTINGS THROUGH:** _____

TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:

| | | | |
|--------------------------------------|--------------------------------------|--|---------------------------------------|
| <input type="checkbox"/> Real Estate | <input type="checkbox"/> Water/Sewer | <input type="checkbox"/> Personal Property | <input type="checkbox"/> Other: _____ |
| # _____ | # _____ | # _____ | # _____ |

NOTES:

CLERK'S INITIALS: _____ **ORIGINAL STAMP:**

The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
600 Washington Street
Boston, Mass. 02111

Workers' Compensation Insurance Affidavit - General Businesses

Applicant information: Please PRINT legibly

name: _____

address: _____

city: _____

state: _____

zip: _____

phone #: _____

work site location (full address): _____

☐ I am a sole proprietor and have
no one working in any capacity.

Business Type:

☐ Retail

☐ Restaurant/Bar/Eating Establishment

☐ Office

☐ Sales (including Real Estate, Autos etc.)

☐ I am an employer with _____ employees (full & part time).

☐ Other _____

☒ I am an employer providing workers' compensation for my employees working on this job.

company name: _____

address: _____

city: _____

phone #: _____

insurance co.: _____

policy #: _____

☐ I am a sole proprietor and have hired the independent contractors listed below who have the following workers' compensation policies.

company name: _____

address: _____

city: _____

phone #: _____

insurance co.: _____

policy #: _____

company name: _____

address: _____

city: _____

phone #: _____

insurance co.: _____

policy #: _____

Attach additional sheet if necessary

Failure to secure coverage as required under Section 25A of MGL 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one years' imprisonment as well as civil penalties in the form of a STOP WORK ORDER and a fine of \$100.00 a day against me. I understand that a copy of this statement may be forwarded to the Office of Investigations of the DIA for coverage verification.

I do hereby certify under the pains and penalties of perjury that the information provided above is true and correct.

Signature: _____ Date: _____

Print name: _____ Phone #: _____

official use only do not write in this area to be completed by city or town official

city or town: _____ permit/license #: _____

☐ check if immediate response is required

contact person: _____
(revised Sept. 2003)

phone #: _____

- ☐ Building Department
- ☐ Licensing Board
- ☐ Selectmen's Office
- ☐ Health Department
- ☐ Other _____